

# Set Up

## My transition plan

The Paediatric Diabetes Service aims to support you as you grow up and gradually help you develop the confidence and skills to take charge of your own healthcare.

Please complete this checklist before you see your diabetes team today in clinic, as this will support you to explore your knowledge and skills. It will also help your diabetes team to learn what advice and support they need to offer you in order to help you better.

Name: ..... Date: .....

| Knowledge and Skills                                                                       | Yes I can do this and don't need any extra advice | I would like some extra advice/help with this | Comments |
|--------------------------------------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------|----------|
| <b>Knowledge</b>                                                                           |                                                   |                                               |          |
| I can describe my diabetes                                                                 |                                                   |                                               |          |
| I know my insulin treatment – names, doses, how often to take them                         |                                                   |                                               |          |
| I know who to tell if my glucose level is high or low                                      |                                                   |                                               |          |
| I know how to recognise and treat my hypos (low glucose level) and what support I may need |                                                   |                                               |          |
| I know when to test for ketones and who to ask for support                                 |                                                   |                                               |          |
| I know the members of my diabetes team                                                     |                                                   |                                               |          |
| <b>Health &amp; lifestyle</b>                                                              |                                                   |                                               |          |
| I can test my blood glucose without anyone helping                                         |                                                   |                                               |          |
| I can give my injections/boluses without anyone helping                                    |                                                   |                                               |          |

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|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------|----------|
| <b>Health &amp; lifestyle continued...</b>                                                                                 |                                                   |                                                      |          |
| I can help with carbohydrate counting at home and work out my insulin dose                                                 |                                                   |                                                      |          |
| I understand what healthy eating means for both my general health and my diabetes                                          |                                                   |                                                      |          |
| I am aware that my diabetes can affect how I grow and develop and the reverse – how puberty can affect my diabetes         |                                                   |                                                      |          |
| I understand the risks of alcohol and drugs both to my general health and my diabetes                                      |                                                   |                                                      |          |
| <b>Daily living</b>                                                                                                        |                                                   |                                                      |          |
| I can make my own snacks/meals                                                                                             |                                                   |                                                      |          |
| I am responsible for certain household chore(s)                                                                            |                                                   |                                                      |          |
| I always carry a BG meter with BG strips and ketone strips, phone/reader for my CGM, spare insulin, hypo treatment and ID. |                                                   |                                                      |          |
| I can manage my diabetes if I stay away from home overnight                                                                |                                                   |                                                      |          |
| <b>Self-advocacy (Speaking up for yourself)</b>                                                                            |                                                   |                                                      |          |
| I feel ready to start preparing to be seen without my parents/carers for part of my clinic visit in the future             |                                                   |                                                      |          |
| I ask my own questions in clinic                                                                                           |                                                   |                                                      |          |

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|----------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------|----------|
| <b>School and your future</b>                                                                |                                                   |                                                      |          |
| I know what I want to do when I leave school                                                 |                                                   |                                                      |          |
| I am managing at school e.g. getting to and around school, work, PE, friends etc             |                                                   |                                                      |          |
| <b>Leisure</b>                                                                               |                                                   |                                                      |          |
| I can use public transport and access my local community, e.g. shops, leisure centre, cinema |                                                   |                                                      |          |
| I see my friends outside school hours                                                        |                                                   |                                                      |          |
| <b>Managing your emotions</b>                                                                |                                                   |                                                      |          |
| I know how to deal with unwelcome comments/bullying                                          |                                                   |                                                      |          |
| I know how to deal with emotions such as anger or anxiety                                    |                                                   |                                                      |          |
| I know someone I can talk to when I feel sad/fed-up                                          |                                                   |                                                      |          |
| I am comfortable with the way I look to others                                               |                                                   |                                                      |          |
| <b>Transfer to adult care</b>                                                                |                                                   |                                                      |          |
| I understand the meaning of 'transition' and transfer of information about me                |                                                   |                                                      |          |

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**Please list anything else you would like help or advice with:-**

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**What one thing do you want to discuss with your diabetes team today?**

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**Thank you**

### **Acknowledgements**

Worcestershire Paediatric Diabetes Service would like to thank Marie McGee, Transition Care Coordinator, and her team at Birmingham Children's Hospital for permission to use the Set Up, Get Up, Go materials and adapt them according to service needs.

Date published: Jan 2018 Reference number: WAHT-PI-0460